

**Oklahoma Wing
Office of
Plans Programs and Training**

Initial Activity Planning Form

Activity Submission Date		Activity Begin Date		Activity Requestor Name	
Unit Charter		Activity Number		Activity Location	
Activity Point of Contact POC (Name)			POC Phone		POC availability Hours
Inclusive Activity Dates				. D.O Code	
				D.O. Initials	
Form 10 anticipated Amount		Form 10 final Date		Activity Cancellation Date	
\$					
Aircraft		Vehicles		Communications	
\$		\$		\$	
Disposition of Activity		D.O. Approval		CC Approval	

Remarks:

OK! AHOMA WING - CIVIL AIR PATROL
 United States Air Force Auxiliary Unit
 3806 A Avenue, Room 309
 Mail Stop L-39
 Tinker AFB, OK 73145-9111
 Voice: (405) 736-6055 Fax: (405) 734-5518

MISSION REIMBURSEMENT REQUEST

Mission #: _____ Date: _____

Request Date: _____

PAYEE INFORMATION

Individual: _____		Squadron #: _____
Address: _____		
City: _____	State: _____	Zip: _____

Payment Form

Receipts/Invoices

<input type="checkbox"/> Check/Cash/Personal Credit Card	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached (Explain below)
<input type="checkbox"/> Wing Credit Card #:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached (Explain below)

Date	Aircraft/ Vehicle Type	Aircraft/ Vehicle ID #	Aircraft/Vehicle Owner (Cap/Member)	Aircraft Rate per Hour	Hours Flown	Aircraft Maint. Claimed	Aircraft Fuel Claimed	Vehicle Fuel Claim	Misc. Costs Claimed	Subtotal Claimed
						\$	\$	\$	\$	\$
Total Claimed by Category/Mission						\$	\$	\$	\$	\$

Official Authorization

Signatures & Date

REQUESTOR: "I certify that the amounts claimed were paid for participation in the listed USAF authorized mission and accurately reflect hours flown, automotive fuel/oil utilized, and/or other miscellaneous costs incurred."

AUTHORIZING OFFICIAL: "I certify the above expenses were incurred as a direct result of support/participation in the above listed USAF authorized mission."

REMARKS:

FOR WING USE ONLY

Date Received at Wing	Mission Actions #	Date Forwarded to Finance	Check #	Date Paid

OKLAHOMA WING AIRCRAFT MONTHLY UTILIZATION REPORT

UnitName & Number: _____

For (Circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Flight hours and revenue paid to wing for flights not assigned to a mission number are to be calculated using Hobbs time.

		Aircraft							Revenue Hours
Mission Symbol	Member Owned	N5202E	N7360C	N9696L	N98251	N98710	N99377	N99872	
A1									
A2									
A3									
A4									
A5									
A6									
A7									
B8									
B9									
B10									
B11									
B12									
B13									
B14									
B15									
B16									
B17									
B18									
B99									
C1									
C2									
C3									
L1									
TOTAL									
Hobbs End									
Hobbs Start									
Total									
Tach End									
Tach Start									
Total									

Revenue Calculation: Revenue Hours Total Box _____ x \$18.00 = \$ _____

CERTIFICATION

We certify that aircraft tie down ropes and door locks have been checked and are in good condition IAW CAPR 66-1. We also certify that this form is complete and will be forwarded to the Oklahoma Wing HQ/DO with all required supporting documentation **NO LATER THAN** the fifth calendar day of the month. **ALL** flight hours are accounted for in **ALL** aircraft for the entire month.

Unit Director of Operations
OKWGF S-2, March 1998

Date _____
Local Reproduction Authorized

Unit Commander _____
Date _____
Previous Editions are Obsolete

OKLAHOMA WING VEHICLE MILEAGE REPORT

Cap ID#:

Vehicle Type:

Assigned Unit:

[illegible]

Oklahoma Wing Form 3 (Feb 1996)

Forward Completed Form To Wing Transportation Officer



INFORMATION REPORT

Oklahoma Wing

NAME: _____
RANK: _____
UNIT: _____
TELEPHONE: _____
DATE: _____

PUBLIC INFORMATION	NO.	REMARKS (Include Sources and Dates)
<ol style="list-style-type: none">1. Newspaper Articles2. Newspaper Photos3. Spot Announcements (Radio-TV)4. Speaker and Name of Organization5. Film and Name of Organization6. Feature7. Personal Contact8. Special Activities		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
INTERNAL INFORMATION	NO.	REMARKS (Include Sources and Dates)
<ol style="list-style-type: none">1. Information Conference2. Speaker3. Films4. Special Report to Wing5. Unit Publications6. IO Report7. Civil Air Patrol News8. National Headquarters		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
COMMUNITY RELATIONS	NO.	REMARKS (Include Sources and Dates)
<ol style="list-style-type: none">1. Presentation To2. Film Showing To3. Special Activity		<hr/> <hr/> <hr/>
COMMENTS	BE SPECIFIC!	

HEADQUARTERS OKLAHOMA WING
CIVIL AIR PATROL
Auxiliary of U. S. Air Force
P.O. Box 10659 - Midwest City, Oklahoma 73140

CIVIL AIR PATROL
RADIO STATION LICENSE APPLICATION

1. NAME _____ GRADE _____ CAPSN _____

2. ADDRESS _____

3. CITY _____ STATE _____ ZIP _____

4. HOME PHONE _____ OFFICE PHONE _____

5. ACTION REQUESTED:

TYPE	STATION	FREQUENCIES
_____ INFORMATION	_____ LAND	_____ HF SSB
_____ NEW STATION	_____ MOBILE	_____ HF RATT
_____ RENEWAL	_____ AIRMOBILE	_____ 26.62
		_____ VHF FM

* 6. STATION LOCATION _____

CITY _____ STATE _____

LATITUDE _____, _____', _____" LONGITUDE _____, _____', _____"

* 7. GROUND ELEVATION _____ MSL ANTENNA HEIGHT ABOVE GROUND _____

* 8. NEAREST AIRPORT _____ DISTANCE (MILE) _____

* 9. TYPE OF EMERGENCY POWER _____

* 10. COMMERCIAL FCC LICENSE NO. _____ AMATEUR CALL _____

11. UNIT: _____ CHARTER NO. _____

12. SIGNATURE _____ DATE _____

ATTACH COPY: Restricted Radiotelephone License
CAPF 76
Signed Lease Agreement

* * Lines 6 thru 10 do not need to be filled out for a MOBILE License

LEASE AGREEMENT

I hereby offer to the Oklahoma Wing, Civil Air Patrol, for use for official CAP purposes, the following items of radio equipment owned by me:

Quantity	Make and Model	S/N
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I affirm that the equipment listed above is free of any liens or encumbrances.

I understand that this agreement gives Oklahoma Wing, Civil Air Patrol, operational control of the above equipment for CAP purposes, that it will be used only for official business of the CAP as defined in current CAP Regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP, for any reason. If other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event this agreement is terminated, except CAP will not be responsible for the condition of the equipment nor will CAP maintain or otherwise guarantee said equipment. The above equipment may not be used by other CAP personnel without my consent or approval.

Agreed to by: _____ CAPSN _____
(print name)

Member's Signature _____ Date _____

FOR THE COMMANDER: _____ GRADE _____
Member in Charge

[illegible]

[illegible][illegible]

THE

[illegible]

Get Wings Number 23 1 Nov 63 replaces OK Wing Form 826 which will be used.

INFORMATION CIRCULATION GUIDE

☐ ACTION _____ ☐ INFORMATION

☐ FILE ☐ COORDINATION

☐ CC _____ ☐ CD _____ ☐ CS _____

☐ IG _____ ☐ LG _____ ☐ DA _____

☐ SE _____ ☐ LGM _____ ☐ DP _____

☐ DO _____ ☐ LGS _____ ☐ AC _____

☐ DOH _____ ☐ AE _____ ☐ PA _____

☐ DOS _____ ☐ TTN _____ ☐ HC _____

☐ DOV _____ ☐ TTH _____ ☐ JA _____

☐ DC _____ ☐ XR _____ ☐ SO _____

☐ LO _____ ☐ RAC _____

[illegible]

NOTICE The information contained in this roster is personal in nature and will not be disclosed to non-essential agencies/individuals without the consent of the individual(s) concerned.

PERSONNEL ACTIONS LOG

[illegible]

SQUADRON STAFF OFFICER ROSTER

UNIT NAME.....STILLWATER COMPOSITE SQUADRON

UNIT ADDRESS.....2020-2 WEST AIRPORT ROAD, #5, STILLWATER, OK 74074

STAFF POSITION	NAME	RANK	CAPSN
COMMANDER			
DEPUTY COMMANDER FOR SENIORS			
OPERATIONS OFFICER			
EMERGENCY SERVICES OFFICER			
COMMUNICATIONS OFFICER			
AEROSPACE EDUCATION OFFICER			
SENIOR PROGRAMS OFFICER			
LOGISTICS OFFICER			
DEPUTY COMMANDER FOR CADETS			
AEROSPACE EDUCATION OFFICER			
LEADERSHIP OFFICER			
ACTIVITIES OFFICER			
SAFETY OFFICER			
ADMINISTRATIVE OFFICER			
PUBLIC AFFAIRS OFFICER			
PERSONNEL OFFICER			
RECRUITING OFFICER			
FINANCE OFFICER			
MEDICAL OFFICER			
TESTING OFFICER			
LEGAL OFFICER			
CHAPLAIN			

NOTICE: The information contained on this roster is personal in nature and will not be disclosed to non-essential agencies/individuals without the consent of the individuals concerned.

Charter Number	OKLAHOMA WING CIVIL AIR PATROL				Effective Date	
EMERGENCY SERVICES ALERTING INFORMATION						

ALERT OFFICER	PERSON	HOME PHONE	WORK PHONE	PAGER / CELL	FAX
Primary					
Secondary					
Backup					

AIRCRAFT N NUMBER	CORP	LOCATION	SPEED	RANGE (HR)	SPECIAL EQUIPMENT

VEHICLE	TYPE	CORP	LOCATION	SEATING	SPECIAL EQUIPMENT

EMERGENCY SERVICES EQUIPMENT								
ITEM	CORP	MEMBR	ITEM	CORP	MEMBR	ITEM	CORP	MEMBR
Crash Radio Kits			Radio Direct Finders			Tents		
Hand Radios (VHF)			Portable Generators			Medical Kits		
Hand Radios (Air)			Portable Heaters			Litters		
Hand Radios (CB)			Field Kitchens			Backboards		

EMERGENCY SERVICES PERSONNEL								
SPECIALTY	QUALIFIED	TRAINEE	SPECIALTY	QUALIFIED	TRAINEE	SPECIALTY	QUALIFIED	TRAINEE
General ES		n/a	Flight Line Ofcr			Gnd Team Mbr		
Mission Coord			Info Officer			Air Rad Mon		n/a
Air Ops Dir			SAR/DR Pilot			Gnd Rad Mon		n/a
Gnd Ops Dir			Cntr Nar Crew		n/a	Mountain Qual		n/a
Air Search			Transp Pilot		n/a	Chf Ck Pilot		n/a
Gnd Search			Observer			Ck Pilot		n/a
Comm Dir			Scanner			Men Ck Pilot		n/a
Radio Oper			Gnd Team Ldr			Cdt Orient Pilot		n/a

DISASTER SERVICES PERSONNEL							
SPECIALTY AREA		MEMBERS QUALIFIED		SPECIALTY AREA		MEMBERS QUALIFIED	
		SENIOR	CADET			SENIOR	CADET
State Damage Assessment				Red Cross Mass Care			
Red Cross Damage Assessment				Red Cross Emergency Assist I			
Red Cross Intro to Disaster				Red Cross Shelter Operations			

Remarks:

INSTRUCTIONS FOR COMPLETING OK WING FORM 50

NOTE:

This form is due at Wing DOS prior to the 15th of each month for the following month. The lists will then be compiled and sent to each Mission Coordinator and Alerting Officer.

1. Enter charter number and the effective date for which the form was completed.
2. Enter the Primary, Secondary, and a back-up alert officer for the unit. These people should be knowledgeable of all unit assets and how to contact all members of the unit.
3. List all aircraft available for any Emergency Mission. Indicate whether they are corporate or member owned. The airport identifier may be used for the location. List the cruise speed and fuel range in hours for each aircraft and any special equipment that may be used on a mission.
4. List all vehicles available for Emergency Mission use. Supply the requested information for each vehicle. List any special equipment that could be used on a mission.
5. List all Emergency Services equipment available to your unit. Any personal equipment would normally not be issued for another member's use during a mission.
6. List the number of Qualified and Trainee Emergency Services personnel.
7. List the number of Qualified Seniors and Cadets trained for Disaster Services missions.
8. Include any remarks that should be supplied to the Mission Coordinator.

DISPATCHER LOG

[illegible]

OKLAHOMA WING CIVIL AIR PATROL
CHECK REQUEST - CADET ORIENTATION FLIGHT

I. REQUEST: I request that an Oklahoma Wing CAP check for \$_____ be issued to:

INDIVIDUAL/SQUADRON_____

ADDRESS_____

REQUESTED BY:

Print Name & Grade_____ Signature_____

II. AIRCRAFT FLIGHT INFORMATION:

Date of Flight_____ Duration_____ A/C # N_____ Pilot_____

III. CAP Form 77, Cadet Orientation Cards, legibly completed, are attached for:
(Flights 2 & 3 only for reimbursement)

CADET NAME	CAPSN	CHARTER #	FLIGHT #	AMOUNT

IV. COORDINATION:

Cadet Programs Finance Officer Wing Commander

___Approved ___Approved ___Approved

___Disapproved ___Disapproved ___Disapproved

Initials: _____

Date: _____

V. ACCOUNT DISTRIBUTION:

Account No: _____

Check Date: _____

Check Number: _____

Check Amount: _____

ATTACH ALL CAP FORM 77's WHETHER OR NOT REIMBURSEABLE

INSTRUCTIONS: Complete Sections I, II, III.

Flights #2, 3 - \$12.00

Mail to:

Hq Oklahoma Wing CAP/AC

P.O. Box 10659

Midwest City OK 73140-1659

APPLICATION FOR EMERGENCY SERVICES QUALIFICATION CARD

NOTE: Items with " * " MUST be completed to process this form.

1. Personal Information

* Name (Last, First MI):

* CAPSN:

* Grade (Circle): Cadet, S/M, FO, TFO, SFO, 2LT, 1LT, CPT, MAJ, LTC, COL

Home Phone: ()

Work Phone: ()

* Unit Name:

* Unit Charter Number:

* Available in National Emergency? ___Yes ___No

Type/Reg. No. of Acft Owned

2. Emergency Services Training* 50-15-1 School Date: ___/___/___
(mo / yr)* 50-15-2 School Date: ___/___/___
(mo / yr)3. Previous Emergency Services Status

* Is this your initial ES qualification?

___ No, Enter current CAPF 101 No. _____

___ Yes, Skip section 4.

4. Emergency Services Specialty Qualification StatusEnter Q=Qualified, T=Trainee, plus month/year of MOST RECENT performance of each specialty.

Example: For fully qualified member enter: Q 06/88

1a Senior M/C (SMC):

1b ELT M/C (MC-ELT):

1c Outside Agency Support (MC-OS):

1d CAP Customs M/C (CMC):

02 Air Operations Officer:

03 Briefing/Debriefing Officer:

04 Aircraft Clearance Officer:

05 Aircraft Dispatcher:

08 Mission Observer:

09 Mission Scanner:

10 Communications Officer:

11 Radio Operator:

12 ES Part 1 Instructor:

13 ES Part 2 Instructor:

14 Ground Operations Officer:

15 Flight Line Officer:

16 Flight Line Assistant:

17 Vehicle Clearance Officer:

18 Vehicle Dispatcher:

19 Ground Team Leader:

20 Ground Team Member:

21 Interview Team Member:

22 Public Affairs Officer:

23 Safety Officer:

24 Administrative Officer:

25 Aerial Radiological Monitor:

26 RADEF Officer:

30 Other ES Specialties (List):

For These Specialities, Enter Month/Year of Most Recent Biennial Mission Pilot Flight Check (CAPF 5)

06 Mission Pilot Check Pilot:

07 Mission Pilot:

7a Special Mission Pilot:

7b Special Mission Co-pilot:

5. Certification

I certify that the information listed above is to the best of my knowledge true and complete.

* Applicant's Signature: _____ Date ___/___/___

I have checked the member's Emergency Services Training Record (OK WG Form 83), which is on file, and this application. I verify that this application is a true and accurate reflection of the member's training record and experience. Member is qualified IAW CAP directives for specialties identified in section 4.

* Unit Emergency Services Officer's Signature _____ Date ___/___/___

* Unit Commander's Signature _____ Date ___/___/___

ELT SEARCH MISSION SUMMARY

MISSION NUMBER _____		ALERT TIME (DTGL) _____		SELECT CARD NUMBER _____	
BRAVO 1	TIME AIRCRAFT LAUNCHED GROUND TEAM DISPATCHED				
2	TIME ELT FIRST HEARD BY A SEARCH PARTY (IF KNOWN)				
3	FLIGHT/VEHICLE DATA	TAIL NUMBER (REPORT NUMBER OF AIRCRAFT USED TO AFRCC)			
4		NUMBER OF SORTIES			
5		HOURS IN SEARCH AREA			
6		HOURS ENROUTE TO SEARCH AREA AND SEARCH BASE			
7		TOTAL FLIGHT			
8	TOTAL PERSONNEL (AIRCREW AND OTHERS)/TOTAL MAN DAYS				
10	SIGNIFICANT WEATHER IN SEARCH AREA				
DELTA 1	ELT DEACTIVATED BY				
2	ACTUAL LOCATION		COORDINATES	N	W
3	DEACTIVATION TIME (DTGL)		ELT SILENCED BY	CAP	OTHER
NAME(S) OF CIVILIAN PERSONNEL ASSISTING IN ELT SHUTDOWN AND TELEPHONE NUMBERS:					
FOXTROT 4	TIME RELEASED FROM MISSION (DTGL)				
GOLF	AIRCRAFT TAIL NO.		TYPE OF AIRCRAFT		
	ELT MANUFACTURER				
	ELT MODEL NUMBER				
	ELT SERIAL NUMBER				
	BATTERY MAKE AND EXPIRATION DATE				
	PROBABLE CAUSE FOR ELT ACTIVATION:				
	CRASH	ELT MALFUNCTION	HARD LANDING	OTHER	
IMPROPER INSTALLATION	CORRODED BATTERY	MISHANDLING			
REMARKS:			ATTACHMENTS INCLUDED 1. CAPP 103 2. CAPP 121 3. MISSION LOG		

LEASE AGREEMENT

I hereby offer to the Region/Wing, Civil Air Patrol, for use for official CAP purposes, the following items of radio equipment owned by me:

Quantity	Make and Model	S/N
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I affirm that the equipment listed above is free of any liens or encumbrances.

I understand that this agreement gives, Oklahoma Wing, Civil Air Patrol, operational control of the above equipment for CAP purposes, that it will be used only for official business of the CAP as defined in current CAP Regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP, for any reason. If other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event this agreement is terminated, except CAP will not be responsible for the condition of the equipment nor will CAP maintain or otherwise guarantee said equipment. The above equipment may not be used by other CAP personnel without my consent or approval.

Agreed to by: _____ CAPSN _____

Member's Signature (date) _____

FOR THE COMMANDER: _____ Rank _____
Member in Charge

OKLAHOMA WING TRAINING ATTENDANCE ROSTER/GRADE SHEET

[illegible]

OK WING ACCOUNTABILITY REGISTER

OK WING FORM 71-A 1 Mar 88

Mission Number _____

SORTIE NUMBER _____

AIRCREW MISSION CHECKLIST

- _____ 1. Pick up CAPF 104 and assignment from (Air) Operations Officer.
- _____ 2. Complete flight planning and CAPF 104 aircrew, aircraft, weather and communication blocks, also include sketch of search area on back of form.
- _____ 3. Go to Briefing Officer for sortie briefing.
- _____ 4. Quickly complete any flight plan changes. Pilot verify current weather.
- _____ 5. See Operations Officer for release signature, acft keys and fuel card.
- _____ 6. Preflight aircraft, use checklist. Record Hobbs/tach time on OK WG Form 99 and fuel card.
- _____ 7. Report crew and aircraft ready to Flight Line Officer.
- _____ 8. Start engine (recommend not earlier than 15 min before takeoff time).
- _____ 9. Taxi and complete acft pre-takeoff checklist.
- _____ 10. Report takeoff time to mission base communication, record time on CAPF 104.
- _____ 11. Climb to assigned enroute altitude, fly navigation leg(s) as briefed.
- _____ 12. Make radio reports required in OPlan or as briefed. Record on CAPF 104.
- _____ 13. Descend to search altitude and search all of assigned area.
- _____ 14. Locate target(s) sighting(s) on area sketch (debriefing side CAPF 104).
- _____ 15. Report exiting search area and record time on CAPF 104.
- _____ 16. Climb to return enroute altitude.
- _____ 17. Report landing time to mission base communications and record on CAPF 104.
- _____ 18. After engine shutdown, record Hobbs/tach time on CAPF 99 and fuel card.
- _____ 19. Post flight aircraft, use checklist. Insure gust lock is installed.
- _____ 20. PILOT: Refuel acft, enter sortie data on fuel card. Sign card and give to Flightline Officer.
- _____ 21. OBSERVER(S): Complete back side CAPF 104 BEFORE going to debriefing.
- _____ 22. AIRCREW: Go to debriefing.
- _____ 23. Go to crew rest area or other designated area and be available for further assignments.

OKLAHOMA WING CIVIL AIR PATROL

APPLICATION FOR U. S. CUSTOMS SERVICE MISSION CREW STATUS

LAST NAME,		FIRST NAME	M:	RANK	CAPSN -- SSAN		UNIT NAME AND CHARTER NO.			
HOME ADDRESS (Street, City, State, Zip)				HOME PHONE () ()		WORK PHONE () ()		DOB	PLACE OF BIRTH	
				HEIGHT	WEIGHT	RACE	SEX	COLOR EYES	COLOR HAIR	
AERONAUTICAL RATINGS		PILOT EXPERIENCE		FAA CERTIFICATE NO		CLASS/DATE OF LAST PHYSICAL		MISSION POSITION		
___ Private		___ Total Pilot Hours		DATE/TYPE ACFT LAST ANNUAL CAPF 5		DATE/TYPE LAST MISSION CAPF 5				
___ Commercial		___ PIC Hours		AIRCRAFT OWNER ___ Yes ___ No		"N" NUMBER/TYPE AIRCRAFT OWNED		DATE JOINED CAP		
___ Instrument		___ ASEL Hours		BRIEF SUMMARY OF FLYING EXPERIENCE (Airline, Military, Charter, CAP)						
___ ATP		___ AMEL Hours								
___ Instructor, CFI		___ CFI Hours		MILITARY SERVICE (Dates, Branch, Active/Reserve, Type Discharge)						
___ ASEL		___ Actual Inst								
___ AMEL		___ Hood Inst								
___ Helicopter		___ Inst Simulator								
___ Observer T S M		___ CAP Observer Hours								
AVAILABILITY (Day of Week Most Available & Times)										
EMERGENCY NOTIFICATION (Name, Address, Telephone, Relationship)										
STATEMENT OF UNDERSTANDING Pursuant to the "Agreement Among the Civil Air Patrol, U.S. Customs Service and the U.S. Air Force," dated 14 November 1985, I may be asked to assist the U.S. Customs Service by patrolling in aircraft to detect illegal drug activity and reporting such activity. I understand the dangers which may result from these patrol flights, which might put me in close proximity to armed drug smugglers. However, I agree that I will neither possess nor use any weapons while on a Customs Service mission, nor will I physically participate in arrest or detention procedures. Due to the sensitive nature of this mission, a security investigation of participating CAP members may be required.										
						Member's Signature		Date		
DO NOT WRITE BELOW THIS LINE										
AREA MISSION COORDINATOR SIGNATURE/Date			WING DO SIGNATURE/Date		Time in CAP Waiver		REQUEST (Name/Date)		APPROVAL (Name/Date)	
CUSTOMS BRIEFING DATE		SECURITY CLEARANCE REQUEST DATE			SECURITY CLEARANCE APPROVAL DATE					
Upon completion of ALL currency requirements, the above named applicant is approved to perform duties as CAP Customs: _____								WING COMMANDER SIGNATURE/Date		

MISSION FUEL LOG

Mission Number _____ Date _____ Page _____ of _____ Pages

Location/FBO _____

[illegible]**Totals**

Price: Fuel/gal _____ Oil/qt _____

CUSTOM PILOT CHECK LIST FOR CURRENCY

OKLA. WING.

(print or type)

Last name,		First name,	Middle initial	Unit name and charter number
Rank:	SSAN:	Pilot or copilot		Home address: (street, city, state/zip)
Home telephone no. (area)		Work telephone no. (area)		Availability:

PLEASE INDICATE THE MONTH, AND YEAR THE FOLLOWING DOCUMENTS EXPIRE

[illegible]

REMARKS

CORPORATE LEARNING COURSE/SQUADRON LEADERSHIP SCHOOL COURSE REQUEST FORM

Local members serving as staff members for the CLC should have either served or assisted in the position and have earned at least a technician rating in the area they will be teaching.

This form must be returned to Wing HQ 30 days prior to the planned course in order to schedule the course. The student fee must be at Wing at least 14 days prior to the proposed course in order to assure a course. In order to schedule a course there must be a minimum of 15 paid students. Students not able to attend the course after the 15 day period will be allowed to attend another course but the fee will not be refunded.

LOCATION

PROPOSED DATES

CITY _____
SITE _____

PRIMARY _____
ALTERNATE _____

LOCAL DIRECTOR _____

HOME PHONE (____) _____

OFFICE PHONE (____) _____

LOCAL STAFF MEMBERS

(if no local instructor available enter N/A for STAFF MEMBER)

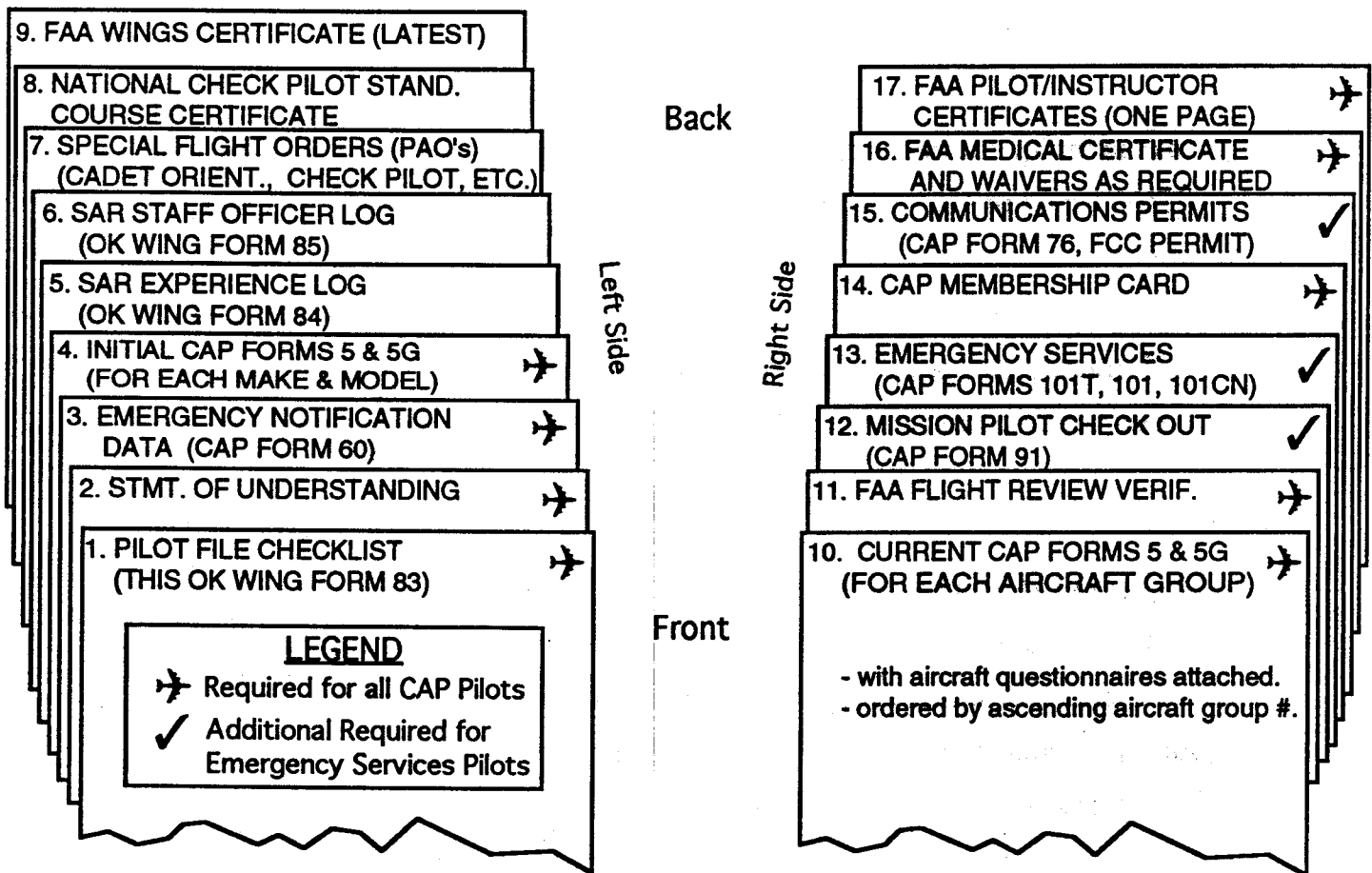
	STAFF MEMBER	RANK	QUALIFICATION
ADMINISTRATIVE OFF	_____	_____	_____
PERSONNEL OFFICER	_____	_____	_____
SAFETY OFFICER	_____	_____	_____
INSPECTOR GENERAL	_____	_____	_____
LOGISTICS OFFICER	_____	_____	_____
SUPPLY OFFICER	_____	_____	_____
TRANSPORTATION OFF	_____	_____	_____
AIRCRAFT MAINT.	_____	_____	_____
OPERATIONS OFFICER	_____	_____	_____
LEGAL, INS. & FUND RAISING	_____	_____	_____
FINANCE OFFICER	_____	_____	_____
SENIOR TRAINING	_____	_____	_____
PUBLIC AFFAIRS	_____	_____	_____
CHAPLAIN	_____	_____	_____
AEROSPACE EDUCATION	_____	_____	_____
USAF RECRUITING ASSISTANCE	_____	_____	_____
RESERVE ASSISTANCE PROGRAM	_____	_____	_____

OKLAHOMA WING CIVIL AIR PATROL PILOT FILE CHECKLIST

OBJECTIVE

To standardize units and individuals in maintaining pilot documents required by CAP regulations, and to present the Oklahoma Wing standard for pilot file organization.

VISUAL INDEX



Instructions on reverse.

FORM 83
INSTRUCTIONS

1. Print last name, first name, middle initial, and CAPSN on blue(front) label and on red(back) label. Do not include rank. Affix to folder. Standard blue pilot file folders are available from local unit DOV or Wing HQ DOV office.
2. Organize documents by section as depicted in Visual Index.
To simplify viewing, small documents(ID cards, etc.) should be copied on lower half of page. For sections 13, 15, 16, and 17, copies of all documents pertinent to the section should be included on a single sheet. For example, multiple pilot/instructor certificates should appear on a single page in section 17, and FCC Permit should appear on same page with CAPF 76 Radio Operator's Permit in section 14.
3. Items 4 and 10. Attach Form 5 Written Exam, Aircraft Questionnaire, and Cadet Orientation Test as Required. Place items behind the corresponding Form 5.
4. Pilots are responsible for maintaining current information in their pilot file. File must remain in location designated by your unit(squadron, flight, etc.) at all times.
5. Pilots must maintain a duplicate personal copy for presentation at official CAP activities.

SAR EXPERIENCE LOG

Purpose: To ensure members document all SAR experience beginning 1 Jan 90.

[illegible]

AIRCRAFT N#

FLIGHT RECORD FOR MONTH OF

UNIT

[illegible]

Oklahoma Wing

Aircraft Discrepancy/Correction Report

(THIS FORM IS A PAGE OF THE AIRCRAFT LOG BOOK)

(1) Form Date	(2) Aircraft Registration number	(3) CAPF
(4) Pilot Name	(5) Tach	(6) Hobbs
(7) Aircraft Home Location	In case of an Emergency: Contact Wing Commander Col. David Ruppel (405) 670-2211	

Status
Symbols

X
Aircraft
Down

/
Maintenance
Required

—
Routine
Maintenance
Due

One Discrepancy per box

(8) STATUS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	(9) Discrepancy	(10) Corrective Action	(11) Repair Time
Repairers Signature		Repairers Certificate Number	

One Discrepancy per box

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